

**PEDIATRIC ADHERENCE QUESTIONNAIRE MODULE 2  
GENERAL REASONS FOR NON-ADHERENCE**  
NIAID PEDIATRIC AIDS CLINICAL TRIALS GROUP

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Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					mmm dd yyyy			
Protocol Number	<input type="text"/>			Institution Code	<input type="text"/>			
Form Week	<input type="text"/>	* Seq No.	<input type="text"/>	** Step No.	<input type="text"/>	Key Operator Code	<input type="text"/>	

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\* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on same date with a 2, 3, etc.  
 \*\*Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

This module captures the general reasons for non-adherence linked to each drug taken. In this step, the interviewer will collect information on reasons why the subject may be having difficulty taking each agent. This form should be completed for subjects < 13 years of age. For subjects ≥ 13 years of age, complete the ADOLESCENT ADHERENCE QUESTIONNAIRE MODULE 2 form (QL5020).

**QUESTIONS 1 - 3 ARE TO BE COMPLETED BY THE STUDY NURSE:**

1. Was the questionnaire completed at this visit? ..... (1-Yes, 2-No)   
 If Yes, go to question 2.  
 If No, complete 'a'.

a. Indicate the reason the questionnaire was not completed:.....   
 1-Subject refused  
 2-Primary caregiver refused  
 3-Subject missed clinic visit  
 4-There was not enough time  
 5-Primary caregiver not available  
 9-Other reason, specify

If Other, specify [30]: \_\_\_\_\_

2. Who responded to the questions?.....   
 1-Subject  
 2-Biological Mother  
 3-Biological Father  
 4-Other Relative, specify  
 5-Adoptive parent  
 6-Foster parent  
 9-Other, specify

If "4-Other relative" or "9-Other", specify [30]: \_\_\_\_\_

3. Does the subject know his/her HIV status?..... (1-Yes, 2-No, 3-Information not available/ Not known)

**INSTRUCTIONS FOR COMPLETION OF DRUG SPECIFIC TABLE:**

- Enter the name of each antiretroviral drug that the subject is receiving in the space provided at the top of each column.

**Identification of Reasons for Non-Adherence:**

***READ the following paragraph to the subject or primary caregiver:***

"Muchas personas, en una u otra oportunidad, tienen dificultad con estos medicamentos. Nosotros quisiéramos entender mejor las cosas que dificultan a las familias dar los medicamentos. Estas son algunas de las razones que otros han identificado como causas que han dificultado el tomar [dar] todos los medicamentos contra el HIV."

***Show and read the list of reasons to the subject or primary caregiver.***

***After the list is read, ask the following question for each drug (question 4 on page 2):***

"Durante las últimas dos semanas, algunos de los siguientes han sido problemas para usted en relación con \_\_\_\_\_ (nombre del medicamento o características) \_\_\_\_\_?"

***If "Yes," enter the frequency code for each reason (a-k).***

***If "No," go to the next drug.***

***For data entry, use the tab key after the last entry on the page.***



